

ation No. (if known): 10/647,737

Attorney Docket No.: 05542/073001

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2

Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Information Disclosure Statement (3 pages)

IDS (Citation) by Applicant (17 References) (2 pages)

Payment by credit card. Form PTO-2038 is attached (1 page)

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PTO/SB/17 (01-06)
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sees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 48	318).	Complete if Known			
EEE TOANGMITTAI	Application N			10/647,737-Conf. #2299	
FEE TRANSMITTAL Filing Date		A	August 25, 2003		
For FY 2006	First Named		Arvind D. Patel		
	Examiner Nam	Examiner Name C. R. Richard			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit		1712		
TOTAL AMOUNT OF PAYMENT (\$) 1,990.00	Attorney Dock	Attomey Docket No. 05542/073			
METHOD OF PAYMENT (check all that apply)					
Check x Credit Card Money Order None Other (please identify):					
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge					
Charry and distanct foo(s) or undersoums		•			
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17					
FEE CALCULATION (All the fees below are due	upon filing or ma	ay be subjec	t to a surcha	rge.)	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES Small Entity	SEARCH FEES Small Entit		ATION FEES Small Entity		
	ee (\$) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
	500 250	200	100		
Design 200 100	100 50	130	65		
	300 150	160	80		
Reissue 300 150	500 250	600	300		
Provisional 200 100	0 0	0	0		
2. EXCESS CLAIM FEES				Small Entity	
Fee (\$) Fee (\$)					
Each claim over 20 (including Reissues) 50 25					
Each independent claim over 3 (including Reissues) 200 100					
Multiple dependent claims				360 180	
Total Claims Extra Claims Fee (\$)	Fee Paid (\$)	Paid (\$) Mu		luitiple Dependent Claims	
		Fee	<u>e (\$)</u> <u>F</u>	ee Paid (\$)	
HP = highest numer of total claims paid for, if greater than 20.	F - P-14 (4)	_			
	Fee Paid (\$)				
HP = highest numer of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of p	paper (excluding ele	ctronically file	ed sequence or o	computer	
listings under 37 CFR 1.52(e)), the application size f	ee due is \$250 (\$12	5 for small en	tity) for each ad	lditional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G)			Foo (\$)	Fee Paid (\$)	
Total Britoth					
F - D-11/A)					
Non-English Specification \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge). 1253 Extension for response within third month 1,020.00					
1600 Submission of all finormation bisclosure Statement					
1801 Request for continued examination (RCE) (see 37 790.00					
SUBMITTED BY			7		
Signature Lett 5. B1	Registration No. (Attorney/Agent)	45,925	Telephone	(713) 228-8600	
Name (Print/Type) Jeffrey 3. Bergman			Date	May 22, 2006	
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